

Fall 2015 Player Waiver

Parents Names: _____

US Lacrosse #: _____

Team Level (circle one): Middle School 2016 2017 2018 2019

Contact person: _____

Cell Phone: _____ Email Address: _____

Player Information

Player Name: _____ High School: _____

Players Age: _____ Player Grade: _____ Position: _____

Home Phone: _____ Email Address: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Emergency Contact Info:

Name: _____ Phone Number: _____

****Please provide written information along with this form for any special medical issues, life-threatening allergies or medications; include any religious objections to medical treatment.**

RELEASE OF LIABILITY: I certify that I have legal authority to give this release on behalf of the PLAYER named above. On behalf of the PLAYER, her estate and any party claiming for themselves or on behalf of PLAYER, I hereby release the Lanco Elite lacrosse players, all coaches and staff, from personal injury, death or property damage or loss to PLAYER arising from Tournament participation, and I agree to indemnify and hold such released persons harmless for any such liability caused to a third party or PLAYER.

Signed by:

Print name above:

Date Signed:

